

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1644
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	B-7 DOMAIN-SPECIFIC ANTIBODIES
Attorney Docket Number::	BWI-120CPADV2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	2
Small Entity?::	Yes
Petition included?::	No
Licensed US Govt. Agency::	NIH
Contract or Grant Numbers::	CA-40216 and GM46883
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Arlene
Middle Name::	H.
Family Name::	Sharpe
City of Residence::	Brookline
State or Province of Residence::	MA
Country of Residence::	US

Street of mailing address:: 305 Walnut Street
City of mailing address:: Brookline
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02445

Applicant Authority Type:: Inventor
Status:: Full Capacity
Given Name:: Francescopaolo
Family Name:: Borriello
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 20 Perry Street, Apt. 3
City of mailing address:: Brookline
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02146

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gordon
Middle Name:: J.
Family Name:: Freeman
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 305 Walnut Street
City of mailing address:: Brookline
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02146

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Lee
Middle Name:: M.
Family Name:: Nadler
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 36 Cross Hill Road
City of mailing address:: Newton
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02159

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/837867	04/17/01
09/837867	Division of	08/205697	03/02/94

Assignee Information

Assignee name:: BRIGHAM AND WOMENS HOSPITAL
Street of mailing address:: 75 Francis Street
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02115

Assignee name:: Dana-Farber Cancer Institute, Inc.
Street of mailing address:: 44 Binney Street
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02115